Agreement for Defraying Expenses

To the President of Kansai Medical University

Applicant's information

Nationality _____

Full name _____

Date of birth _____/_____/_____
(Year /month/ date)

Sex Male / Female

I agree to defray the costs and expenses of the above mentioned applicant
in the event of his/her entry to and during his/her period of residence in Japan as follows.

1. Detailed explanation of the circumstances under which I agreed to defray the applicant's costs and my relationship to the applicant are as follows:

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2. Contents of the Agreement for Defraying Expenses
As indicated below, I hereby assume and agree to bear costs and expenses incurred by the above applicant concerning his/her stay in Japan.

(1) Living expenses: Monthly amount of _____ Japanese yen
(2) Method of payment (e.g. bank transfer, money order, etc.)

_____/_____/_____
(year / month / date)

Defrayer: _____

Postal code: _____

Address: _____

Telephone number: _____

Signature: _____

Relationship to the applicant: myself / ( )

(If the applicant will defray the costs and expenses by himself/herself, please circle "myself".)